

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEET TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT (\$ 380.00)

Complete if Known

Application Number	10/750,356
Filing Date	December 31, 2003
First Named Inventor	DOUGLAS M. DILLON
Examiner Name	Joseph E. Avellino
Art Unit	2143
Attorney Docket No.	PD-N94026L (02229.0002AU)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number	06-1205	Deposit Account Name	Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
79	- 74 or HP =	5	x .50.00 =	\$250.00		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
9	- 3 or HP (9) =	0	x 0 =		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 = (round up to a whole number) x		=

4. OTHER FEE(S)	Fee (\$)
Terminal Disclaimer Fee	\$100 fee (no small entity discount)

Other: _____

SUBMITTED BY	
Signature	/Daniel S. Glueck/
Name (Print/Type)	Daniel S. Glueck

This collection of information is required by 37 CFR 1.38. This information is required to obtain or retain a benefit by the public which is the benefit which is to be derived by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Any comments on the amount of time you require to complete this form should be sent to the USPTO: Director, Office of Management, 1000 Dulany Street, Stop APT-2, Alexandria, VA 22314-1598.

DSQ:low